

Instructions for Completing Post-Closure Care Annual Report Form

The Division of Waste Management and Radiation Control is not currently able to accept e-mailed form submissions. The attached form must be printed, signed as required by Utah Administrative Code R315-310-2(4), and mailed to the Division. Annual reports must be received by the Division on or before March 2, 2020 and should contain data for the calendar year 2019.

Complete all applicable sections of the form and save it. When printing, please print only the form pages. The instruction page should not be printed and mailed.

Completed forms should be mailed to:

Ty L. Howard, Director
Division of Waste Management and Radiation Control
P.O. Box 144880
Salt Lake City, Utah 84114-4880

Additional copies for the form can be obtained on the Division web page at
<https://deq.utah.gov/waste-management-and-radiation-control/forms-division-of-waste-management-and-radiation-control>

or at

<https://documents.deq.utah.gov/waste-management-and-radiation-control/solid-waste/DSHW-2017-005938.pdf>

POST-CLOSURE CARE ANNUAL REPORT

For Calendar year 2019

Administrative Information (Please enter all the information requested below - type or print legibly)

Facility Name: _____

Facility Mailing Address: _____
(Number & Street, Box and/or Route)

City: _____ Zip Code: _____

County: _____ Permit No.: _____

Owner

Name: _____ Phone No.: (____) _____

Mailing Address: _____
(Number & Street, Box and/or Route)

City: _____ State: _____ Zip Code: _____

Post-Closure Care Provider (if different from Owner above)

Name: _____ Phone No.: (____) _____

Mailing Address: _____
(Number & Street, Box and/or Route)

City: _____ State: _____ Zip Code: _____

Contact Person

Contact's Name: _____ Title: _____

Contact's Mailing Address: _____

Phone No.: (____) _____ Contact's Email Address: _____

Financial Assurance

Current Post-Closure Cost Estimate: _____

Current Financial Assurance Mechanism: _____

(ie. Bond, Trust Fund, Corporate or Government Test etc.)

Financial Assurance Mechanism Holder: _____

(ie. Name of Bond Company, Bank etc.. If PTIF Account give account number)

Current Amount or Balance in Mechanism: _____

Financial Assurance: Each facility must recalculate the cost of closure and post-closure care to account for inflation and design changes each year. The inflation factor can be found on the Division web page. Facilities that are using a trust account should include a copy of the most recent account statement.

Note Facilities using "Local Government Financial Test" or the "Corporate Financial Test" must provide the information required in R315-309-8(4) or R315-309-9(3) each year.

Facility Status

Date Facility Entered Post-Closure Care: _____

Inspections Conducted Semiannually Quarterly

Cover Repair Required Yes No
If yes attach a short description of actions required

Storm Water Diversion System Repair Required Yes No
If yes attach a short description of actions required

Facility Has Operating Leachate Collection System Yes No

If Facility Has Operating Leachate Collection System
was Leachate Pumped During the Year Yes No

Attach a short description of the general condition of the cover and the maintenance required

Other Required Reports

Ground Water Monitoring: Each facility required to conduct ground water monitoring must submit a ground water monitoring report, which contains water elevations, sampling results, and statistical analyses. Check if exempt

Explosive Gas Monitoring: Each facility required to conduct gas monitoring must submit a gas monitoring report. Check if exempt

Signature: _____ **Date:** _____

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Print name: _____ **Title:** _____